

**HEAVY METAL ANALYSIS REPORT****MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

DATA/INFORMATION REQUIRED BY ADMINISTRATIVE RULE R 325.62

**LABORATORY INFORMATION:**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PATIENT INFORMATION:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

HOME ADDRESS STREET \_\_\_\_\_ APARTMENT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**RACE** (Check one)

- ☐ White  
☐ Black  
☐ Asian  
☐ Native Hawaiian/Pacific Islander  
☐ American Indian  
☐ Alaskan Native  
☐ Mixed

**GENDER**

- ☐ Male  
☐ Female  
☐ Unk

PHONE \_\_\_\_\_

**PARENT/GUARDIAN NAME:****ETHNICITY**

- ☐ Non-Hispanic  
☐ Hispanic

Last \_\_\_\_\_ First \_\_\_\_\_

**EMPLOYER INFORMATION** (If available)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SUBMITTER/PROVIDER INFORMATION:**

PROVIDER NAME \_\_\_\_\_

FACILITY \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SPECIMEN AND ANALYSIS INFORMATION:****DIAGNOSIS** (If available) \_\_\_\_\_**SPECIMEN COLLECTION DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_**TEST ORDERED:** ☐ Arsenic (As) ☐ Cadmium (Cd) ☐ Mercury (Hg)**SPECIMEN TYPE** (Check one): ☐ Blood ☐ Urine – 24 Hour Total Volume ☐ Urine – Random Sample**SPECIMEN ID** \_\_\_\_\_ **ANALYSIS DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_**RESULT:**

	ARSENIC (As)			CADMIUM (Cd)			MERCURY (Hg)		
	Value	Units	Default Units	Value	Units	Default Units	Value	Units	Default Units
BLOOD			µg/ml			µg/L			ng/ml
URINE			µg/L			µg/L			µg/L

Submit to: Michigan Department of Community Health, Division of Occupational and Environmental Epidemiology, PO Box 30195, Lansing, Michigan 48909 • Fax (517) 335-9775 • Phone (517) 335-8350